



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
CN 712
TRENTON, NEW JERSEY 08625
(609) 588-2600

WILLIAM WALDMAN
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO: 93-18

DATE: August 18, 1993

TO: County Welfare Directors

SUBJECT: New Jersey Care...Special Medicaid Programs' Fact Sheets

I am pleased to announce the availability of the revised New Jersey Care...Special Medicaid Programs' Fact Sheets, reflecting the 1993 Federal Poverty Levels. Enclosed is an initial supply of 100 copies each of the Maternal and Child Health and the Aged, Blind and Disabled versions.

Please feel free to distribute the publications in any manner suitable for your agency. Unfortunately, due to budget constraints, we are not able to maintain a shelf stock during this fiscal year and ask that you produce additional copies as needed beyond this initial supply. Also, for your information, we are planning to distribute Fact Sheets to selected community and social service agencies throughout the State.

If you have any questions about this communication or need additional information about the Fact Sheets, please contact Sandra Stangil of the Office of Eligibility Policy and Operations at (609) 588-2556.

Sincerely,

Saul M. Kilstein
Director

SMK:Ss

Attachments

c: Marion E. Reitz, Director
Division of Family Development

Nicholas R. Scalera, Director
Division of Youth & Family Services



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NEW JERSEY CARE...SPECIAL MEDICAID PROGRAMS' FACT SHEETS

August 1993

The Division of Medical Assistance and Health Services is pleased to announce the availability of the revised New Jersey Care...Special Medicaid Programs' Fact Sheets, reflecting the 1993 Federal Poverty Levels. Copies of the Maternal and Child Health and/or the Aged, Blind, and Disabled versions are enclosed for your information and use.

Please feel free to distribute this information in any manner suitable for your agency. Due to budget constraints, however, we are not able to maintain a shelf stock and ask that you produce additional copies as needed.

If you have any questions about these Fact Sheets or the New Jersey Care...Special Medicaid Programs, please contact Sandra Stangil of the Office of Eligibility Policy and Operations at (609) 588-2556.

Sincerely,

A handwritten signature in cursive script, reading "Saul M. Kilstein".

Saul M. Kilstein
Director

SMK:Ss
Attachment(s)

A NEW JERSEY CARE... Special Medicaid Program FOR MATERNAL AND CHILD HEALTH COVERAGE

IF YOU ARE PREGNANT, ARE YOU:

- Unable to afford prenatal care?
- Worried about the hospital cost for your delivery?
- Concerned about receiving proper health care for yourself after delivery?

IF YOU HAVE AN INFANT OR YOUNG CHILD, ARE YOU:

- Wondering how you will pay for health care and immunizations for your child?

You may find the answers to these questions in this New Jersey Care ... Special Medicaid Program. It provides a real plus in health care--complete Medicaid coverage to eligible women during their pregnancy and for sixty days following delivery or the date on which pregnancy ends, and to eligible infants and young children. A child born to an eligible woman may be eligible for Medicaid for up to one year regardless of changes in the family's income.

TO QUALIFY FOR SERVICES, YOU MUST BE:

- a pregnant woman, or
 - a child born after September 30, 1983
 - a resident of the State of New Jersey
- AND**
- you must meet this Special Medicaid Program income guidelines

*FAMILY SIZE	INCOME LIMITS FOR PREGNANT WOMEN AND INFANTS TO AGE ONE	INCOME LIMITS FOR CHILDREN AGED ONE THROUGH FIVE	INCOME LIMITS FOR CHILDREN AGED SIX THROUGH NINE
1	\$1,075/month	\$ 773/month	\$ 581/month
2	1,454/month	1,046/month	786/month
3	1,833/month	1,318/month	991/month
4	2,213/month	1,591/month	1,196/month
5	2,592/month	1,864/month	1,401/month
6	2,971/month	2,136/month	1,606/month
7	3,351/month	2,409/month	1,811/month
8	3,730/month	2,682/month	2,016/month
EACH ADDITIONAL	+380/month	+273/month	+205/month

*A pregnant woman is counted as at least two persons, or more, if a multiple pregnancy.

Income limits effective January 1, 1993 through December 31, 1993

COUNTED AS MONTHLY INCOME	NOT COUNTED AS MONTHLY INCOME		
<ul style="list-style-type: none">-gross wages, tips, commissions-interest or dividends-inheritances, gifts, prizes-legal settlements-unemployment compensation-public or private disability compensation-Social Security income-pensions, annuities-veterans' benefits-payment from trust funds-alimony or child support-worker's compensation-rental income-income from parent(s) of needy children	<ul style="list-style-type: none">- \$90 of wages for each employed person- \$50 of child support- additionally, you may deduct the actual cost of child care up to a maximum of:		
	Parent(s) Employed Full-Time		Parent(s) Employed Part-Time
	Child under		
	age 2	\$200	\$150
	Other		
	Children	\$175	\$135

The following services will be available to you and/or your child(ren) if you are eligible for this Special Medicaid Program:

COVERED SERVICES

- all physician services provided in the office, clinic or other medical facility, including pediatric and perinatal care
- services from chiropractors, dentists, certified nurse-midwives, podiatrists, psychologists and optometrists
- prescribed drugs from a pharmacy (including limited over-the-counter medicines)
- inpatient and outpatient hospital services
- home health care, nursing home care, medical day care, and personal care assistant services
- mental health services provided in a doctor's office, approved mental health clinic, or hospital outpatient department
- eyeglasses, hearing aids, artificial limbs, braces, and orthopedic shoes
- medical supplies and equipment
- x-ray and laboratory services
- transportation to obtain Medicaid covered services
- hospice

If you think you or your child(ren) might be eligible for this Special Medicaid Program, call your county welfare agency/board of social services to schedule an appointment. Listed below are the telephone numbers:

COUNTY	TELEPHONE NUMBER
ATLANTIC	(609) 348-3001
BERGEN	(201) 368-4200
BURLINGTON	(609) 261-1000
CAMDEN	(609) 757-6600
CAPE MAY	(609) 886-6200
CUMBERLAND	(609) 691-4600
ESSEX	(201) 733-3039
GLOUCESTER	(609) 582-9200
HUDSON	(201) 420-3051
HUNTERDON	(908) 788-1300
MERCER	(609) 989-4664
MIDDLESEX	(908) 745-3550
MONMOUTH	(908) 431-6300
MORRIS	(201) 326-7272
OCEAN	(908) 349-1500
PASSAIC	(201) 881-3228
SALEM	(609) 299-7200
SOMERSET	(908) 526-8800
SUSSEX	(201) 383-3600
UNION	(908) 965-2700
WARREN	(908) 475-4744

New Jersey Cares FOR YOU

A NEW JERSEY CARE... Special Medicaid Program FOR AGED, BLIND AND DISABLED COVERAGE

Are you 65 years of age or older, blind or disabled, and unable to afford the health care you need?

Have you been denied Medicaid or SSI in the past because your income or resources were too high?

Are you interested in learning whether you may be eligible for benefits as a Qualified Medicare Beneficiary (QMB)?

Have you lost your Supplemental Security Income payments, and are still waiting for your Medicare benefits under Social Security Disability?

You may find the help you need in this New Jersey Care ... Special Medicaid Program. It provides a real plus in health care -- complete Medicaid coverage to eligible people, including payment of Medicare Part B premiums. In New Jersey, QMBs are eligible for benefits under this Special Medicaid Program. Please use the term "New Jersey Care" when inquiring about QMB coverage. The applications are made at the county welfare agencies/boards of social services, not at Social Security offices.

TO QUALIFY FOR SERVICES, YOU MUST BE:

- A resident of the State of New Jersey, and
- 65 years of age or older, or
- Blind or permanently and totally disabled (as defined by the Social Security Administration) **AND**
- You must meet this Special Medicaid Program income and resource guidelines

To qualify as a QMB, the same requirements apply and you must also be receiving Medicare Parts A and B.

YOUR INCOME AND RESOURCES (INDIVIDUAL OR COUPLE, AS APPROPRIATE) SHOULD BE NO HIGHER THAN THE FIGURES BELOW FOR YOU TO BE ELIGIBLE FOR THIS SPECIAL PROGRAM FOR THE AGED, BLIND, AND DISABLED.

FAMILY SIZE	1	2
MAXIMUM MONTHLY INCOME	\$581	\$786
MAXIMUM CURRENT RESOURCES	\$4000	\$6000

Income and resource limits effective January 1, 1993 through December 31, 1993.

COUNTED AS MONTHLY INCOME

- Social Security Income
- pensions, annuities
- interest or dividends
- gross wages, tips, commissions
- inheritances, gifts, prizes
- legal settlements
- unemployment compensation
- public or private disability compensation
- veteran's benefits
- payments from trust funds
- alimony or child support
- worker's compensation
- rental income
- the income of your spouse may be counted in your income determination
- the income of parent(s) of needy children will be counted for the disabled or blind child

NOT COUNTED AS MONTHLY INCOME

- \$20 of income (such as Social Security or pension income)
- the first \$65 of wages and one-half the remainder

COUNTED AS RESOURCES

- money in bank accounts
- a car in certain situations*
- property OTHER than that in which you live
- stocks, bonds or certificates of deposit
- trust funds or retirement accounts
- some life insurance policies
- some personal effects
- some household goods
- certain monies which you have set aside for burial are not counted

*a car needed for work or transportation for medical treatment is not counted

IF YOU OWN YOUR HOME AND A CAR, YOU MAY STILL BE ELIGIBLE FOR THIS PROGRAM

The following Medicaid services will be available to you if you are eligible for this Special Medicaid Program. If you also qualify as a QMB, certain costs not covered by Medicare such as deductibles and certain coinsurance for services rendered by Medicaid—participating providers are covered by the Medicaid program.

COVERED SERVICES

- all physician services provided in the office, clinic or other medical facility
- services from chiropractors, dentists, podiatrists, psychologists and optometrists
- prescribed drugs from a pharmacy, (including limited over-the-counter medicines) with no co-payment
- inpatient and outpatient hospital care
- home health care, nursing home care, medical day care, and personal care assistant services
- mental health services provided in a doctor's office, approved mental health clinic, or hospital outpatient department
- eyeglasses, hearing aids, artificial limbs, braces, and orthopedic shoes
- clinic services including rehabilitation services such as audiology, speech—language pathology, physical therapy and occupational therapy
- medical supplies and equipment
- x-ray and laboratory services
- transportation to obtain Medicaid covered services
- hospice

If you are eligible, the State will also pay for your monthly Medicare Part B premium. For QMBs, the State also pays for your Medicare Part A premium, if you are required to pay for it.

If you think you might be eligible for this Special Medicaid Program, call your county welfare agency/board of social services for an appointment. Below are the telephone numbers:

COUNTY	TELEPHONE NUMBER
Atlantic	(609) 348-3001
Bergen	(201) 368-4200
Burlington	(609) 261-1000
Camden	(609) 757-6600
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Cumberland	(609) 691-4600
Essex	(201) 733-3044
Gloucester	(609) 582-9200
Hudson	(201) 420-3051
Hunterdon	(908) 788-1300
Mercer	(609) 989-4664
Middlesex	(908) 745-3550
Monmouth	(908) 431-6300
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Ocean	(908) 349-1500
Passaic	(201) 881-3228
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